

FILED APR 21 1948

Registration District No. **5073**

Primary Registration District No. **5073**

1. PLACE OF DEATH: **Barton**
(a) County.....
(b) City or town **Rural- Northfork Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **BESSYE DIGGS**
3. (b) If veteran, name war **XXX**
3. (c) Social Security No. **XXX**
4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Will T. Diggs**
6. (c) Age of husband or wife if alive **81** years
7. Birth date of deceased **September 25 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 11 hr. min.

9. Birthplace **Arrow Rock, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business
12. Name **Henry McCart**
13. Birthplace **Arrow Rock, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lela May Cooper**
15. Birthplace **Arrow Rock, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Will T. Diggs**
(b) Address **Lamar, Missouri, R1**
17. (a) **Burial** (b) Date thereof **April 9 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oakton Cemetery**
18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
(b) Address **Lamar, Missouri**
APR 9 - 1948
19. (a) **APR 9 - 1948** (b) **Marie Konantz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD #1, Lamar**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **7**
year **1948** hour **1** minute **45 A.** M.
21. I hereby certify that I attended the deceased from **October 1**
19 **47** to **April 6** 19 **48**
that I last saw her alive on **April 6**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Lung**
Duration **5 mo.**

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
Signature **John T. Bichel** (M. D. or other) **M.A.**
Address **Lamar, Mo.** Date signed **4/9/48**

RECEIVED
District Health Officer No. 6,
District File Number 448-454
Date filed APR 20 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.